
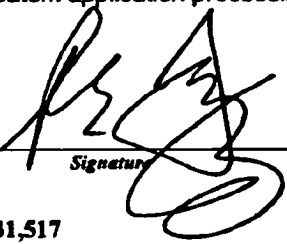


<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>R.36254</b>	
Applicant(s): <b>Bernhard RUPP et al</b>					
Application No. <b>09/831,150</b>	Filing Date <b>11/22/02</b>	Examiner <b>J.A. Aguirrechea</b>	Customer No. <b>02119</b>	Group Art Unit <b>2834</b>	Confirmation No. <b>1030</b>
Invention: <b>DECOUPLING DEVICE FOR ACTUATORS</b> 					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	20 =	3 x	\$18.00	\$54.00
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$54.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>07-2100</b> in the amount of <b>\$54.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-2100</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: <b>July 9, 2004</b>		
<b>Ronald E. Greigg</b> Registration No. 31,517  <b>GREIGG &amp; GREIGG, P.L.L.C.</b> 1423 Powhatan Street, Suite One Alexandria, VA 22314  Tel. (703) 838-5500/Fax (703) 838-5554			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
cc:					